

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/27/2011  
FORM APPROVED  
OMB NO. 0938-0391

OTC 9/10/11

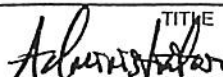
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|--|--|---|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION              |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>445240   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   | (X3) DATE SURVEY<br>COMPLETED<br><br>C<br>07/27/2011 |
| NAME OF PROVIDER OR SUPPLIER<br><br>LIFE CARE CENTER OF RED BANK |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1020 RUNYAN DR<br>CHATTANOOGA, TN 37405   |  |
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| F 000  | INITIAL COMMENTS   | F 000   |  |  |
| F 280<br>SS=D  | <p>During the complaint investigation of complaint # 25446, # 25486, # 27830, and # 27541, conducted on July 8, 2011, through July 26, 2011, at the Life Care Center of Red Bank, no deficiencies were cited in the relation to the complaint Under 42 CFR Part 482.13, Requirements for Long Term Care.</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on medical review, observation, and interview the facility failed to notify / invite the resident's responsible party to the quarterly</p> | <p>F 280</p> <p>Resident # 7 has been invited to a care plan meeting on 08/08/11. Quarterly Care plan meeting was held on 07/21/2011 at family member's earliest convenience.</p> <p>Residents in the facility have the potential to be effected.</p> <p>The MDS coordinator has developed a schedule of quarterly care plan meetings review dates for the social services director to follow. The Director of Nursing provided education to the Social services director on 08/04/11 regarding quarterly care plan meeting invitations. The schedule of quarterly care plan meeting invitations will be audited weekly for 3 months by the MDS coordinator and reported to the Director of Nursing to assure all residents receive quarterly care plan meeting invitations in a timely manner.</p> <p>The Director of Nursing will report audit results to the performance improvement committee consisting of the Medical Director, Administrator and the Director of Nursing monthly for 3 months. The performance improvement committee will make further recommendations as needed based on the audit results. The administrator will monitor the quarterly care plan meeting invitation process to assure continued compliance.</p> |  |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE





8/8/11

any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 280  | Continued From page 1<br>Interdisciplinary Care Plan Meetings for one (#7) of<br>eight residents reviewed.<br><br>The findings included:<br><br>Resident #7 was admitted to the facility on<br>January 3, 2008 with diagnoses including<br>Dementia, Hypertension, Alzheimer's Disease,<br>Anemia, Debility, and Depression.<br><br>Medical record review of the Minimum Data set<br>dated July 18, 2011, revealed the resident scored<br>a 00 out of fifteen (severely impaired cognitive<br>skills) and required total assistance with all<br>activities of daily living.<br><br>Observation on July 25, 2011, at 8:30 a.m.,<br>revealed the resident sitting in a wheelchair,<br>neatly dressed and was non-verbal at present.<br><br>Medical record review revealed the facility failed<br>to notify the resident's responsible party of a<br>Quarterly Care Plan Meeting for January and<br>April, 2011.<br><br>Interview with the Social Service Director on July<br>25, 2011, at 10:15 a.m., in the conference room,<br>confirmed the facility failed to notify the resident's<br>responsible party of the Care Plan Meeting for<br>January and April 2011. | F 280   | F323<br><br>On 11/14/2010 2 CNAs transferred resident #1<br>without the use of a gait belt. The CNAs who<br>transferred the resident each received an<br>individual inservice regarding the use of a gait<br>belt for transfers on 11/18/10.<br><br>Residents who are transferred have the potential<br>to be effected.<br><br>CNAs receive a gait belt during orientation to<br>the facility and acknowledge in writing that<br>they have been educated on and understand the<br>gait belt use policy. Inservice conducted by the<br>Nurse Manager was completed on 11/22/2010<br>regarding the facility policy on use of gait belts<br>for transfer for residents. The Staff<br>Development Coordinator on 07/29/11 will<br>provide inservice education on gait belt policy.<br>The Director of Nursing will conduct audits<br>weekly for 4 weeks, then monthly for 3 months<br>to assure proper utilization of gait belts with all<br>transfers and reported to the Director of<br>Nursing.<br><br>The Director of Nursing monthly for 3 months<br>will report the audit results to the performance<br>improvement committee consisting of the<br>medical director, administrator and Director of<br>Nursing. The performance improvement<br>committee will determine the need for further<br>action. The administrator will monitor this<br>process to assure continued compliance. |                            |  |
| F 323<br>SS=D  | C/O # 28142<br>483.25(h) FREE OF ACCIDENT<br>HAZARDS/SUPERVISION/DEVICES<br><br>The facility must ensure that the resident<br>environment remains as free of accident hazards<br>as is possible; and each resident receives  | F 323   |   | 8/15/11                    |  |

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| F 323  | <p>Continued From page 2</p> <p>adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on medical record review and interview the facility failed to use a safety device during the transfer of one (#1) of eight residents reviewed.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on January 7, 2008, with diagnoses including Alzheimer's Disease, Psychosis, Mental Disorder, Diabetes, and Severe Osteoporosis.</p> <p>Medical record review of the Minimum Data Set dated November 10, 2010, revealed the resident had short and long term memory problems, required moderate assistance with decision making, and required extensive assistance with transfers and all activities of daily living.</p> <p>Medical record review of a nursing note dated November 13, 2010, at 7:00 p.m., revealed, "Pt's (resident's) daughter reported a bruise about 7mm (millimeters) in diameter with swelling on left side of eye of the patient...Supervisor notified. X-Ray ordered for 11-14-10 am (in the morning). Rails of bed padded. Bed in lowest position. Bed alarm on. Call light within reach. Continue to monitor."</p> <p>Review of a Radiology report dated November 14, 2010, revealed, "No acute fractures are</p> | F 323   |  |  |  |

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| F 323  | <p>Continued From page 3<br/>noted..."</p> <p>Review of the facility's documentation dated November 14, 2010, revealed two Certified Nursing Assistants (CNA) were transferring the resident on November 13, 2011, by holding the resident under the arms. During the transfer, one of the Certified Nursing Assistants stumbled and the side of the resident's head hit the CNA's shoulder, causing a bruise to the right side of the face and eye area.</p> <p>Review of the facility's Transfer Belt Acknowledgement revealed, 'I also understand that a transfer belt must be used on ALL resident transfers..."</p> <p>Interview with the Assistant Director of Nursing on July 8, 2011, at 2:30 p.m., in the conference room, confirmed the Certified Nursing Assistants did not use the transfer belt during a resident transfer per facility policy.</p> <p>C/O # 27499<br/>C/O # 27915</p> |   |  | F 323  |  |  |                            |

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